

# City of Falls Church Recreation & Parks - 2014 Emergency Information Form

This form is to be returned to the Falls Church Community Center.  
It is very important that you provide the activity numbers for the camps in which your child is registered.

<b>Camp Activity Numbers:</b>		
<b>Camper Name:</b>		
_____	_____	_____
<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Language Spoken at Home:</b>	<b>Resides with:</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian	
<b>Primary Guardian:</b>		<b>Primary phone:</b>
<b>Address:</b>		<b>Secondary Phone:</b>
<b>Secondary Guardian:</b>		<b>Primary phone:</b>
<b>Address:</b>		<b>Secondary Phone:</b>
<b>Please list three, local emergency contacts if the parent/guardian cannot be reached:</b>		
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Please list three persons authorized to pick up your child.</b>		
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relation:</b>	<b>Phone:</b>
<b>Name of Health Insurance Company:</b>		<b>Child's Physician:</b>
<b>Policy/Group/Employee Number:</b>	<b>HMO Number (if applicable):</b>	<b>Physician's Telephone:</b>
<b>Medical Information:</b> Please check any current health condition that may require attention during the camp day.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? If so, please specify below in special procedures/additional notes.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Will your child need medication during camp? If so, please request medication authorization form.		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child require any special accommodations? If so, please specify in the additional notes section below.		
<b>Please list all medications and dosages your child receives on a continual basis:</b>		
<b>Additional notes:</b>		
<b>SUMMER FUN PARTICIPANTS ONLY</b>		
I hereby <input type="checkbox"/> <b>DO</b> / <input type="checkbox"/> <b>DO NOT</b> (please check one) give permission for my child to participate in the Falls Church Recreation and Parks Summer Fun Playground program's swim trips to the Park Tower's pool located on Maple Avenue in Falls Church.		
<b>Please circle child's swim ability level:</b> Non-swimmer   Some Experience   Experienced		
I hereby <input type="checkbox"/> <b>DO</b> / <input type="checkbox"/> <b>DO NOT</b> (please check one) permit my child to bike or walk to and from the Falls Church Recreation and Parks Summer Fun Playground program at Cherry Hill Park.		
The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital's medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child.		
<b>PARENT/GUARDIAN SIGNATURE:</b> _____ <b>DATE:</b> _____		